

## BEACON REEL CO.

19 Wells Rd.—P.O. Box 787  
New Milford, CT 06776  
860-354-4599 Fax 860-355-4174  
Email-beacon.reel@snet.net



March 13, 2007

To Whom It May Concern:

Re: Notice of objection to claim response

Title of Objection: Subject to Modification

Claimant: Beacon Reel Company

### Claim number 5099

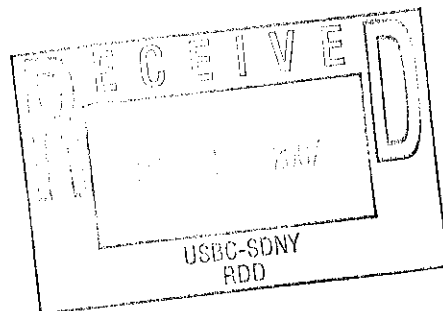
States basis of objection is wrong debtor in the amount of \$14,940.00 Debtor's name should be Delphi Automotive Systems LLC as shown on the original purchase order 450160357 then changed to P1S51195 attached notice from Delphi, also enclosed is a copy of the proof of claim receipt dated May 8, 2006 and invoice #12695-1 billed to Delphi proving debt incurred. Also attached is the bill of lading showing proof of shipment.

### Claim number 5100

States basis of objection is wrong debtor in the amount of \$4,305.00 Debtor's name should be Delphi Packard Electric Systems as shown on the original purchase order P1S50621 attached from Delphi, also enclosed is a copy of the proof of claim receipt dated May 8, 2006 and invoice #12689 billed to Delphi proving debt incurred. Also attached is the bill of lading showing proof of shipment.

### Claim number 5101

This claim in the amount of \$4,520.00 as shown on the original purchase order P1S49472 attached from Delphi, also enclosed is a copy of the proof of claim receipt dated May 8, 2006 and invoice #12677 billed to Delphi proving debt incurred. Also attached is the bill of lading showing proof of shipment. There was no mention of this item so I enclosed it to be checked on. I don't know if it was missed.



Thank you in advance for your consideration. I hope this was done properly. If you need any further information, please feel free to call 860-354-4599 attention Ronnie or Nancy.

Sincerely,

Ronnie Extance

The address the Debtors can reply to is as follows:

Beacon Reel Company  
P.O. Box 787  
New Milford, CT 06776

### Creditor Data for Claim Number 5099

Creditor Name: Beacon Reel Co Creditor Notice Name:	Date Claim Filed: 5/8/2006 Delphi Claim #: 5099 Court Claim #: 5099 Amend/Replace? No						
Debtor Name: Delphi Corporation Case Number: 05-44481							
Claim Nature: General Unsecured Amount of Claim: \$14,940.00	Creditor Info Altered? Y Objection Filed? Y Basis: Wrong Debtor Total Amount: Objection History						
Schedule: Schedule Amt:	<table border="1"><thead><tr><th>Basis</th><th>Status</th><th>Notes</th></tr></thead><tbody><tr><td>Wrong Debtor</td><td>Not resolved yet</td><td></td></tr></tbody></table>	Basis	Status	Notes	Wrong Debtor	Not resolved yet	
Basis	Status	Notes					
Wrong Debtor	Not resolved yet						

Claims identified as having a Basis For Objection of "Books and Records Claim" are those Claims that assert liabilities or dollar amounts that the Debtors have determined are not owing pursuant to the Debtors' books and records.

Claims identified as having a Basis For Objection of "Untimely Books and Records Claim" are those Claims that assert liabilities or dollar amounts that the Debtors have determined are not owing pursuant to the Debtors' books and records and were also not timely filed pursuant to the Bar Date Order.

Claims identified as having a Basis For Objection of "Untimely Claim" are those Claims were not timely filed pursuant to the Bar Date Order.

Claims identified as having a Basis For Objection of "Claims Subject to Modification" are those Claims for which (a) the Debtors have determined were overstated or were denominated in foreign currencies and the Debtors seek to modify to a fully liquidated, U.S.-denominated amount, and/or (b) the Debtors seek to appropriately re-classify the total amount of such remaining Claims, and/or (c) the Debtors seek to specify the appropriate Debtor by case number.

Date Filed	Claim Number	Asserted Claim Amount <sup>1</sup>	Basis For Objection	Treatment Of Claim		
				Modified Debtor	Modified Amount	Modified Nature
5/8/2006	3099	\$14,940.00	Claims Subject to Modification	05-44640	\$14,940.00	General Unsecured
5/8/2006	5100	\$4,305.00	Claims Subject to Modification	05-44640	\$4,305.00	General Unsecured

If you wish to view the complete exhibits to the Ninth Omnibus Objection, you can do so on [www.delphidocket.com](http://www.delphidocket.com). If you have any questions about this notice or the Ninth Omnibus Objection to your claim, please contact Debtors' counsel by e-mail at [delphi@skadden.com](mailto:delphi@skadden.com), by telephone at 1-800-718-5305, or in writing to Skadden, Arps, Slate, Meagher & Flom LLP, 333 West Wacker Drive, Suite 2100, Chicago, Illinois 60606 (Att'n: John Wm. Butler, Jr., John K. Lyons, and Joseph N. Wharton). Questions regarding the amount of a claim or the filing of a claim should be directed to Claims Agent at

<sup>1</sup> Asserted Claim Amounts listed as \$0.00 generally reflect that the claim amount asserted is unliquidated or is denominated in a foreign currency.

Name of Debtor Delphi Corporation		Case Number 05-44481	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (The person or other entity to whom the debtor owes money or property): Beacon Reel Co		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
State and address where notices should be sent:  Beacon Reel Co 19 Wells Rd New Milford CT 067760787		Telephone number: 860 354 4599  This space is for Court Use Only	
Account or other number by which creditor identifies debtor:		Check here <input type="checkbox"/> replaces a previously filed claim, dated: _____ <input type="checkbox"/> amends	
<b>1. Basis for Claim</b> <input checked="" type="checkbox"/> Goods Sold / Services Performed <input type="checkbox"/> Customer Claim <input type="checkbox"/> Taxes <input type="checkbox"/> Money Loaned <input type="checkbox"/> Personal Injury <input type="checkbox"/> Other <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)  <input type="checkbox"/> Wages, salaries, and compensation (fill out below)            Last four digits of SS #: _____            Unpaid compensation for services performed from _____ to _____  <div style="display: flex; justify-content: space-between; font-size: small;"> <span>(date)</span> <span>(date)</span> </div> </div> <div style="width: 45%;"> <input type="checkbox"/> </div> </div>			
2. Date claim was incurred: <u>Sept 30, 2005</u>		3. If court judgment, date obtained:	
<b>4. Total Amount of Claim at Time Case Filed: \$ 14,940.00</b> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>(unsecured)</span> <span>(secured)</span> <span>(priority)</span> <span>(Total)</span> </div> <p>If all or part of your claim is secured or entitled to priority, also complete item 5 or 7 below.</p> <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
<b>5. Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		<b>7. Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority: \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(9) _____ <small>*Amounts are subject to adjustment on 4/20/07 and every 5 years thereafter with respect to cases commenced on or after the date of adjustment. \$10,000 and 130-day limits apply to cases filed on or after 4/20/03, Pub. L. 108-2.</small>	
<b>6. Unsecured Nonpriority Claim \$ 14,940.00</b> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.			
<b>8. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		This space is for Court Use Only  <div style="border: 1px solid black; padding: 10px; text-align: center; font-weight: bold; font-size: large;">             RECEIVED MAY - 8 2007           </div>	
<b>9. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
<b>10. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim			
Date		Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <u>X Randall Watkins</u>	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both, 18 U.S.C. §§ 152 and 3571.

0544481060410191314018530





10470-01050

**To: Delphi Packard**  
P.O. Box 431 Dept. 0950 Station 13-C  
Warren, OH 44486

Ship to : North River Rd. Plt 10 Dock  
Warren, OH 44483

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
60	36" new steel reels	249.00	14,940.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
SUBTOTAL			0.00
SALES TAX			
SHIPPING & HANDLING			
TOTAL DUE			\$14,940.00

**THANK YOU FOR YOUR BUSINESS!**

DELPHI PACKARD ELECTRIC SYSTEMS  
DELPHI PACKARD ELECTRIC SYSTEM  
WORLDWIDE PURCHASING  
48 WALTER JONES BLVD.  
EL PASO TX  
79906

US

SHIP TO

DELPHI PACKARD-OHIO OPERATIONS  
DELPHI AUTOMOTIVE SYSTEMS  
REC. DOCK PLANT 10  
1365 NORTH RIVER ROAD  
WARREN OH  
44483  
US

VENDOR NUMBER 08-962-3620  
BEACON REEL CO  
19 WELLS RD  
PO BOX 787  
NEW MILFORD CT  
06715-0187

INVOICE TO

PACKARD ELECTRIC SYSTEMS  
DO NOT INVOICE FOR MATERIAL  
INVOICE FOR SERVICES ONLY  
BOX 431 STA. 13C  
WARREN OH  
44486  
US

PURCHASE  
ORDER

FIG51195

PAGE

THIS ORDER MUST APPEAR ON ALL INVOICES, PACKING SLIPS  
AND BILLS OF LADING  
IN ORDER OF YOUR ORDER OR BE REJECTED BY YOUR SUPPLIER  
FOR NON-CONFORMANCE WITH THE FOLLOWING TERMS AND  
CONDITIONS  
TERMS: NET 30, ALL INVOICES PAYABLE  
WITHIN 30 DAYS OF INVOICE DATE  
NO DISCOUNTS FOR EARLY PAYMENT  
NO INTEREST CHARGES FOR LATE PAYMENT  
NO RETURN OF UNPAID INVOICES

THIS ORDER IS NOT VALID UNLESS IT IS ACCOMPANIED BY THE ORIGINAL INVOICE COPY  
WHICH MUST BE PRESENTED TO THE SUPPLIER AND CANNOT BE REJECTED BY THE SUPPLIER  
IF THE ORDER IS NOT PRESENTED TO THE SUPPLIER WITHIN 30 DAYS OF THE INVOICE DATE  
THE ORDER WILL BE REJECTED AND THE SUPPLIER WILL NOT BE RESPONSIBLE FOR THE ORDER  
IF THE ORDER IS NOT PRESENTED TO THE SUPPLIER WITHIN 30 DAYS OF THE INVOICE DATE  
THE ORDER WILL BE REJECTED AND THE SUPPLIER WILL NOT BE RESPONSIBLE FOR THE ORDER  
IF THE ORDER IS NOT PRESENTED TO THE SUPPLIER WITHIN 30 DAYS OF THE INVOICE DATE  
THE ORDER WILL BE REJECTED AND THE SUPPLIER WILL NOT BE RESPONSIBLE FOR THE ORDER

SHIP TO  
REFER TO P.O. CLAUSE BELOW

ORDER DATE  
09/08/05  
INVOICE DATE  
09/08/05  
SHIP DATE  
09/08/05  
SHIP TO  
M. CHAVEZ  
BATES

ITEM	QUANTITY	UNIT PRICE	TOTAL PRICE	TAXES	NET PRICE	TERMS	DATE	SHIP TO	SHIP DATE	SHIP TO	SHIP DATE
------	----------	------------	-------------	-------	-----------	-------	------	---------	-----------	---------	-----------

THIS ORDER IS LISTED IN THE FOLLOWING CURRENCY  
USD DOLLAR (UNITED STATES)

\*\*THIS IS A CONFIRMING ORDER DO NOT DUPLICATE\*\*  
CONFIRMED WITH: JACK MATHEWS

00001

60

PRX0157R 001

09/19/05 3 0.008

249.0000

PCS

MHC05670 36" STEEL REEL.  
REFERENCE BEACON REEL DWG MBR 10312000  
PRINT ENTIRE REEL WITH PRIMER AND OUTSIDE FLANGES  
WITH BLACK PAINT.  
WHO ORDERED: E. FRANTZ X3438  
TERMS AND CONDITIONS SEPTEMBER 2004, APPLY  
OF WHICH SUPPLIER HAS RECEIVED A COPY.

A003431 USER MYRIAM I CHAVEZ

CONTINUE PAGE 2

314 940.00

STRAIGHT BILL OF LADING  
ORIGINAL - NOT NEGOTIABLEShipper No. **B 3324**

Carrier No. \_\_\_\_\_

Date **9/30/05***Centra Trucking*  
(Name of Carrier)Shipper **DEACON REEL COMPANY**Street **19 Wells Road P.O. Box 787**Origin **New Milford, Connecticut 06776**

Vehicle Number \_\_\_\_\_

No. Shipping Units	HM*	Kind of Packaging, Description of Articles, Special Marks and Exceptions	Weight (subject to correction)	Rate	CHARGES
<b>60</b>		<b>36" new steel reels</b>	<b>7800</b>		
<b>60 # P155/195</b> Driver's Signature Only Acknowledges Receipt of Freight <b>064-591682-0</b> SHIPPER LABEL <i>collect collect</i>					

REMIT  
C.O.D. TO  
ADDRESSNOTE -- When the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.  
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_

This is to certify that the above named contents are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Signature \_\_\_\_\_

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of

C.O.D.

Amt: \$ \_\_\_\_\_

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without payment on the consignee, the consignee shall sign the following statement:  
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Signature of Consignee \_\_\_\_\_

all or any of said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.

Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for filing and bill of lading.

C.O.D. FEE

PREPAID ☐ \$COLLECT ☐ \$

TOTAL

CHARGES: \$

FREIGHT CHARGES:

FREIGHT PREPAID

except when box is checked

Check box if charges are to be collected

collect ☒SHIPPER **DEACON REEL COMPANY**

CARRIER

PER *F. M. H. 10/3/05*

DATE

**60 Reels**

Date Completed

Address

Page 2 of MA

Column C = Which is the Country of Origin

• The other columns are not required.



Delphi  
Packard Electric Systems  
PO Box 431  
Warren, OH 44486

BEACON REEL CO  
19 WELLS RD  
NEW MILFORD CT 06776-5605

Dear BEACON REEL CO

Effective November 7th, Delphi Packard will be converting its purchasing of indirect materials and services from OLIMPIC to SAP. In this conversion, the open balance as of October 31, 2005 of all purchase orders will be created in SAP with a new purchase order number. According to our records, the following purchase orders are open with you and have been converted to SAP as the following new order number:

New Order Number	Old Order Number	Buyer Name
450160367	P1861195	Chavez, Myrlan <i>new number</i>
450160746	P1862127	Reagan, Edward <i>new number</i>

Delphi Packard is requesting that you update your system with the new order number if you do not plan to ship prior to October 30, 2005. Please note that transmission of Purchase Orders is also being implemented in this conversion and any change orders will be communicated to EDI certified suppliers using the new purchase order number. Additionally, remittance of payment will reference the new purchase order number and application of payment will be facilitated for your receivables department if you can update our purchase order references in your records.

If your records show the order as closed, please contact your buyer.

Should you have an open contract (blanket order) with Delphi Packard, copies of the new contract will be mailed separately.

Thank you for your support during this transition.

## Creditor Data for Claim Number 5100

Creditor Name: Beacon Reel Co Creditor Notice Name:	Date Claim Filed: 5/8/2006 Delphi Claim #: 5100 Court Claim #: 5100 Amend/Replace? No								
Debtor Name: Delphi Corporation Case Number: 05-44481									
Claim Nature: General Unsecured Amount of Claim: \$4,305.00	Creditor Info Altered? N Objection Filed? Y Basis: Wrong Debtor Total Amount: Objection History								
Schedule: Schedule Amt:	<table border="1"> <thead> <tr> <th>Basis</th> <th>Status</th> <th>Notes</th> </tr> </thead> <tbody> <tr> <td>Wrong Debtor</td> <td>Not resolved yet</td> <td></td> </tr> </tbody> </table>	Basis	Status	Notes	Wrong Debtor	Not resolved yet			
Basis	Status	Notes							
Wrong Debtor	Not resolved yet								

Claims identified as having a Basis For Objection of "Books and Records Claim" are those Claims that assert liabilities or dollar amounts that the Debtors have determined are not owing pursuant to the Debtors' books and records.

Claims identified as having a Basis For Objection of "Untimely Books and Records Claim" are those Claims that assert liabilities or dollar amounts that the Debtors have determined are not owing pursuant to the Debtors' books and records and were also not timely filed pursuant to the Bar Date Order.

Claims identified as having a Basis For Objection of "Untimely Claim" are those Claims were not timely filed pursuant to the Bar Date Order.

Claims identified as having a Basis For Objection of "Claims Subject to Modification" are those Claims for which (a) the Debtors have determined were overstated or were denominated in foreign currencies and the Debtors seek to modify to a fully liquidated, U.S.-denominated amount, and/or (b) the Debtors seek to appropriately re-classify the total amount of such remaining Claims, and/or (c) the Debtors seek to specify the appropriate Debtor by case number.

Date Filed	Claim Number	Asserted Claim Amount <sup>1</sup>	Basis For Objection	Treatment Of Claim		
				Modified Debtor	Modified Amount	Modified Nature
5/8/2006	5099	\$14,940.00	Claims Subject to Modification	05-44640	\$14,940.00	General Unsecured
9/8/2006	5100	\$4,305.00	Claims Subject to Modification	05-44640	\$4,305.00	General Unsecured

If you wish to view the complete exhibits to the Ninth Omnibus Objection, you can do so on [www.delphidocket.com](http://www.delphidocket.com). If you have any questions about this notice or the Ninth Omnibus Objection to your claim, please contact Debtors' counsel by e-mail at [delphi@skadden.com](mailto:delphi@skadden.com), by telephone at 1-800-718-5305, or in writing to Skadden, Arps, Slate, Meagher & Flom LLP, 333 West Wacker Drive, Suite 2100, Chicago, Illinois 60606 (Att'n: John Wm. Butler, Jr., John K. Lyons, and Joseph N. Wharton). Questions regarding the amount of a claim or the filing of a claim should be directed to Claims Agent at

<sup>1</sup> Asserted Claim Amounts listed as \$0.00 generally reflect that the claim amount asserted is unliquidated or is denominated in a foreign currency.

Name of Debtor  
 Delphi Corporation

Case Number  
 05-44481

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (The person or other entity to whom the debtor owes money or property):

Beacon Reef Co

Name and address where notices should be sent:

Beacon Reef Co  
 19 Wells Rd  
 New Milford CT 067760787

Telephone number: 860-257-4579

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☒ Check box if you have never received any notices from the bankruptcy court in this case.

☐ Check box if the address differs from the address on the envelope sent to you by the court.

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor:

Check here ☐ replaces if this claim a previously filed claim, dated:   
☒ amends

**1. Basis for Claim**

- ☒ Goods Sold / Services Performed  
☐ Customer Claim  
☐ Taxes  
☐ Money Loaned  
☐ Personal Injury  
☐ Other

- ☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)  
☐ Wages, salaries, and compensation (fill out below)  
 Last four digits of SS #:   
 Unpaid compensation for services performed from (date) to (date)

**2. Date debt was incurred**

Amount 31,200.5

**3. If court judgment, date obtained:**

**4. Total Amount of Claim at Time Case Filed:** \$ 4305.00  
 (unsecured) (secured) (priority) (Total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

**5. Secured Claim.**

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle  
☐ Other

Value of Collateral: \$

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$

**6. Unsecured Nonpriority Claim \$ 4305.00**

☒ Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

**7. Unsecured Priority Claim.**

☐ Check this box if you have an unsecured priority claim

Amount entitled to priority \$  
 Specify the priority of the claim:

- ☐ Wages, salaries, or commissions (up to \$10,000)\* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).  
☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).  
☐ Up to \$2,225\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).  
☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).  
☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).  
☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a):

\*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. \$10,000 and 180-day limits apply to cases filed on or after 4/20/05. Pub. L. 109-8.

**8. Credits:** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

**9. Supporting Documents:** Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

**10. Date-Stamped Copy:** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim

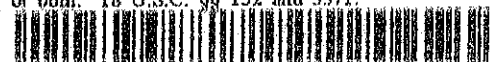
Date: Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

X. Randall Watkins

THIS SPACE IS FOR COURT USE ONLY

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

0544481060410191314018530



**Beacon Reel Company**

P.O. Box 787  
 New Milford, CT 06776  
 860-354-4599 Fax 860-355-4174  
 E-mail-beacon.reel@snet.net

**INVOICE NO: 12689**  
**DATE: August 31, 2005**

**To: Delphi Packard**

P.O. Box 431 Dept. 0950 Station 13-C  
 Warren, OH 44489

**Ship to :**

North River Rd. Plt 49 Dock  
 Warren, OH 44483

OUR JOB #	YOUR P.O. #	DATE SHIPPED	SHIPPED VIA	F.O.B. POINT	TERMS
12652	P1S50621	8-31-05	Central	New Milford, CT	Net 30 Days

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
24	800 Din reels reconditioned	150.00	3600.00
3	Arbors machined and repaired	235.00	705.00
			0.00
			0.00
			0.00
			0.00
			0.00
SUBTOTAL			0.00
SALES TAX			
SHIPPING & HANDLING			
TOTAL DUE			\$4,305.00

**Make all checks payable to: Beacon Reel Company**

**If you have any questions concerning this invoice, call : Ronnie Extance 860-354-4599**

**THANK YOU FOR YOUR BUSINESS!**

100

[illegible]

08/18/05	ALTERNATIVE SOURCE DATE	PHONE: 330-373-7411 E RECALL
	ALTERNATIVE SOURCE DATE	REA                  AYSER
ALTERNATIVE SOURCE DATE		
DATE		FOLLOWING AGENT

THE UNIVERSITY OF CHICAGO PRESS

LETTER TO P. O. OLIVER FELLOW

RECORDING ARTIST

[illegible]

150

TERMS AND CONDITIONS SEPTEMBER 2004. APPLY  
OF WHICH SUPPLIER HAS RECEIVED A COPY.

24 DIN 800 MULTIDRUM REELS FOR REORDER  
EALMENT # 0134602  
WHO ORDERED: PIRATA-10A 2711

CONTINUE PAGE 8

Pg 15 of 21  
ORIGINAL - NOT NEGOTIABLE

Shipper No. B 3318

Carrier No. 513105  
Date

TO: Consignee *DePui Parcel*  
 Street *North Main Rd Rt 49 Rock*  
 Destination *Warren OH* Zip Code *44485*  
 Route  
 No. Shipping Unit *24* HAW  
 Kind of Packaging, Description of Articles, Special Marks and Exceptions  
 Weight (Subject to Tare) *132.00*  
 Rate  
 CHARGES  
 Vehicle Number  
 FROM: Shipper *BEACON REEL COMPANY*  
 Street *19 Wells Road P.O. Box 787*  
 Origin *New Milford Connecticut 06770*

SEND FREIGHT BILL TO  
 DELPHI P LOGIC WARRREN OH  
 C/O DATA & LOGISTICS  
 PO BOX 4145  
 NORWOOD MA 02362

Driver Signature Only Acknowledges Receipt of Freight

064-589509-9

SHIPPER LABEL

ARMY  
C.O.D. TO:  
ADDRESS

NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value.

This is to certify that the above named merchandise are properly classified, described, packaged, marked, and labeled, according to the

COD

Amt: \$

C.O.D. FEE:

PREPAID

COLLECT

TOTAL

CHARGES

FREIGHT CHARGES

FREIGHT PREPAID

except when it is

not to be

checked

check one of the

above

to be

checked

check one of the

above

to be

checked

check one of the

above

to be

checked

check one of the

above

to be

checked

check one of the

above

to be

checked

check one of the

above

to be

checked

check one of the

above

to be

checked

check one of the

above

to be

checked

check one of the

above

to be

checked

check one of the

above

to be

checked

check one of the

above

to be

checked

check one of the

above

to be

checked

SHIPPER BEACON REEL COMPANY

CARRIER

PER

DATE

*Central Transport*  
*2-1-05*  
*24 skids*

DELPHI PACKARD ELECTRIC SYSTEMS

DELPHI

PACKARD ELECTRIC SYSTEMS

PO BOX 431

WARREN OH

44485

US

VENDOR NUMBER 08-962-9620

BEACON REEL CO

19 WELLS RD

PO BOX 787

NEW MILFORD CT

06776-0787

PAYMENT TERMS	2ND DAY OF 2ND MONTH	ITEM IDENTIFICATION NUMBER	ITEM NAME
NET	### SPO	THIS OF	USD DC
ITEM SEQUENCE	00002	00002	PRX9574X 002
			3
			ARBOR: WHO O
			### TI
			*****
			REVISI
			TO PUR
			ALL OT
			*****
			### TI
			ARBOR: WHO O
			### TI
			*****
			REVISI
			TO PUR
			ALL OT
			*****
			### TI
			ARBOR: WHO O
			### TI
			*****
			REVISI
			TO PUR
			ALL OT
			*****
			### TI
			ARBOR: WHO O
			### TI
			*****
			REVISI
			TO PUR
			ALL OT
			*****
			### TI
			ARBOR: WHO O
			### TI
			*****
			REVISI
			TO PUR
			ALL OT
			*****
			### TI
			ARBOR: WHO O
			### TI
			*****
			REVISI
			TO PUR
			ALL OT
			*****
			### TI
			ARBOR: WHO O
			### TI
			*****
			REVISI
			TO PUR
			ALL OT
			*****
			### TI
			ARBOR: WHO O
			### TI
			*****
			REVISI
			TO PUR
			ALL OT
			*****
			### TI
			ARBOR: WHO O
			### TI
			*****
			REVISI
			TO PUR
			ALL OT
			*****
			### TI
			ARBOR: WHO O
			### TI
			*****
			REVISI
			TO PUR
			ALL OT
			*****
			### TI
			ARBOR: WHO O
			### TI
			*****
			REVISI
			TO PUR
			ALL OT
			*****
			### TI
			ARBOR: WHO O
			### TI
			*****
			REVISI
			TO PUR
			ALL OT
			*****
			### TI
			ARBOR: WHO O
			### TI
			*****
			REVISI
			TO PUR
			ALL OT
			*****
			### TI
			ARBOR: WHO O
			### TI
			*****
			REVISI
			TO PUR
			ALL OT
			*****
			### TI
			ARBOR: WHO O
			### TI
			*****
			REVISI
			TO PUR
			ALL OT
			*****
			### TI
			ARBOR: WHO O
			### TI
			*****
			REVISI
			TO PUR
			ALL OT
			*****
			### TI
			ARBOR: WHO O
			### TI
			*****
			REVISI
			TO PUR
			ALL OT
			*****
			### TI
			ARBOR: WHO O
			### TI
			*****
			REVISI
			TO PUR
			ALL OT
			*****
			### TI
			ARBOR: WHO O
			### TI
			*****
			REVISI
			TO PUR
			ALL OT
			*****
			### TI
			ARBOR: WHO O
			### TI
			*****
			REVISI
			TO PUR
			ALL OT
			*****
			### TI
			ARBOR: WHO O
			### TI
			*****
			REVISI
			TO PUR
			ALL OT
			*****
			### TI
			ARBOR: WHO O
			### TI
			*****
			REVISI
			TO PUR
			ALL OT
			*****
			### TI
			ARBOR: WHO O
			### TI
			*****
			REVISI
			TO PUR
			ALL OT
			*****
			### TI
			ARBOR: WHO O
			### TI
			*****
			REVISI
			TO PUR
			ALL OT
			*****
			### TI
			ARBOR: WHO O
			### TI
			*****
			REVISI
			TO PUR
			ALL OT
			*****
			### TI
			ARBOR: WHO O
			### TI
			*****
			REVISI
			TO PUR
			ALL OT
			*****
			### TI
			ARBOR: WHO O
			### TI
			*****
			REVISI
			TO PUR
			ALL OT
			*****
			### TI
			ARBOR: WHO O
			### TI
			*****
			REVISI
			TO PUR
			ALL OT
			*****
			### TI
			ARBOR: WHO O
			### TI
			*****
			REVISI
			TO PUR
			ALL OT
			*****
			### TI
			ARBOR: WHO O
			### TI
			*****
			REVISI
			TO PUR
			ALL OT
			*****
			### TI
			ARBOR: WHO O
			### TI
			*****
			REVISI
			TO PUR
			ALL OT
			*****
			### TI
			ARBOR: WHO O
			### TI
			*****
			REVISI
			TO PUR
			ALL OT
			*****
			### TI
			ARBOR: WHO O
			### TI
			*****
			REVISI
			TO PUR
			ALL OT
			*****
			### TI
			ARBOR: WHO O
			### TI
			*****
			REVISI
			TO PUR
			ALL OT
			*****
			### TI
			ARBOR: WHO O
			### TI
			*****
			REVISI
			TO PUR
			ALL OT
			*****
			### TI
			ARBOR: WHO O
			### TI
			*****
			REVISI
			TO PUR
			ALL OT
			*****
			### TI
			ARBOR: WHO O
			### TI
			*****
			REVISI
			TO PUR
			ALL OT
			*****
			### TI
			ARBOR: WHO O
			### TI
			*****
			REVISI
			TO PUR
			ALL OT
			*****
			### TI
			ARBOR: WHO O
			### TI
			*****
			REVISI
			TO PUR
			ALL OT
			*****
			### TI
			ARBOR: WHO O
			### TI
			*****
			REVISI
			TO PUR
			ALL OT
			*****
			### TI
			ARBOR: WHO O
			### TI
			*****
			REVISI
			TO PUR
			ALL OT
			*****
			### TI
			ARBOR: WHO O
			### TI
			*****
			REVISI
			TO PUR
			ALL OT
			*****
			### TI
			ARBOR: WHO O
			### TI
			*****
			REVISI
			TO PUR
			ALL OT
			*****
			### TI
			ARBOR: WHO O
			### TI
			*****
			REVISI
			TO PUR

Delphi  
Packard Electric Systems  
PO Box 431  
Warren, OH 44486

BEACON REEL CO  
19 WELLS RD  
NEW MILFORD CT 06470-6007

Dear BEACON REEL CO

Effective November 7th, Delphi Packard will be converting its purchasing of indirect materials and services from OLIMPIC to SAP. In this conversion, the open balance as of October 31, 2005 of all purchase orders will be created in SAP with a new purchase order number. According to our records, the following purchase orders are open with you and have been converted to SAP as the following new order number:

New Order Number	Old Order Number	Buyer Name
450160357	P1S51195	Chavez, Myrlam <i>new number</i>
460180745	P1S52127	Reagan, Edward <i>new number</i>

Delphi Packard is requesting that you update your system with the new order number if you do not plan to ship prior to October 30, 2005. Please note that transmission of Purchase Orders is also being implemented in this conversion and any change orders will be communicated to EDI certified suppliers using the new purchase order number. Additionally, remittance of payment will reference the new purchase order number and application of payment will be facilitated for your receivables department if you can update our purchase order reference in your records.

If your records show the order as closed, please contact your buyer.

Should you have an open contract (blanket order) with Delphi Packard, copies of the new contract will be mailed separately.

Thank you for your support during this transition.



**Creditor Data for Claim Number 5101**

Creditor Name: Beacon Reel Co Creditor Notice Name:	Date Claim Filed: 5/8/2006 Delphi Claim #: 5101 Court Claim #: 5101 Amend/Replace? No
Debtor Name: Delphi Automotive Systems LLC Case Number: 05-44640	
Claim Nature: General Unsecured Amount of Claim: \$4,520.00	Creditor Info Altered? N Objection Filed? N
Schedule: Schedule Amt:	

Name of Debtor <b>Delphi Automotive Systems LLC</b>	Case Number <b>05-44640</b>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of this case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.	
Name of Creditor (The person or other entity to whom the debtor owes money or property): <b>Beacon Reel Co</b>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Name and address where notices should be sent:  <b>Beacon Reel Co 19 Wells Rd New Milford CT 06776-0787</b>	
Telephone number: <b>860 354 4599</b>	

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor:	Check here <input type="checkbox"/> replaces if this claim a previously filed claim, dated: _____ <input type="checkbox"/> amends
--	---

**1. Basis for Claim**

<input checked="" type="checkbox"/> Goods Sold / Services Performed <input type="checkbox"/> Customer Claim <input type="checkbox"/> Taxes <input type="checkbox"/> Money Loaned <input type="checkbox"/> Personal Injury <input type="checkbox"/> Other _____	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)
---	---

2. Date debt was incurred: <b>July 18, 2005</b>	3. If court judgment, date obtained:
--	--------------------------------------

**4. Total Amount of Claim at Time Case Filed: \$ 4520.00**

(unsecured)	(secured)	(priority)	(Total)
			<b>4520.00</b>

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

**5. Secured Claim.**

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

☐ Real Estate ☐ Motor Vehicle  
☐ Other \_\_\_\_\_

Value of Collateral: \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ \_\_\_\_\_

**7. Unsecured Priority Claim.**

☐ Check this box if you have an unsecured priority claim

Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim:

☐ Wages, salaries, or commissions (up to \$10,000)\* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).  
☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).  
☐ Up to \$2,225\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).  
☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).  
☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(9).  
☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(\_\_\_\_).

\*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. \$10,000 and 180-day limits apply to cases filed on or after 4/20/05. Pub. L. 109-8.

**6. Unsecured Nonpriority Claim: \$ 4520.00**

☒ Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if a) none or only part of your claim is entitled to priority.

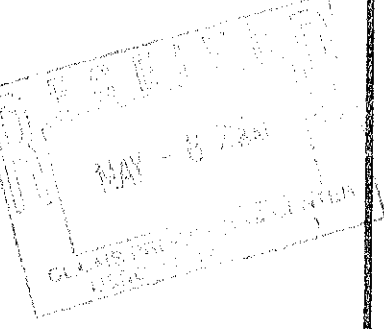
**8. Credits:** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

**9. Supporting Documents:** Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

**10. Date-Stamped Copy:** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim

THIS SPACE IS FOR COURT USE ONLY

Date	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):  <b>X <u>Randall Wetherill</u></b>
------	---



## Beacon Reel Company

P.O. Box 787  
New Milford, CT 06776  
860-354-4599 Fax 860-355-4174  
E-mail-beacon.reel@panet.net

INVOICE NO: 12677  
DATE: July 14, 2005

To: Delphi Packard  
P.O. Box 431 Dept. 0950 Station 13-C  
Warren, OH 44486

Ship to :  
North River Rd. Plt 49 Dock  
Warren, OH 44483

OUR JOB #	YOUR P.O. #	DATE SHIPPED	SHIPPED VIA	F.O.B. POINT	TERMS
12634	P1S49472	7-14-05	Central	New Milford, CT	Net 30 Days

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
27	800 DIn reels reconditioned	150.00	4,050.00
2	Arbors machined and repaired	235.00	470.00
			0.00
			0.00
			0.00
			0.00
			0.00
SUBTOTAL			0.00
SALES TAX			
SHIPPING & HANDLING			
TOTAL DUE			\$4,520.00

Make all checks payable to: Beacon Reel Company  
If you have any questions concerning this invoice, call : Ronnie Extance 860-354-4599

THANK YOU FOR YOUR BUSINESS!

50

DO NOT SOLICIT CONTRIBUTIONS OR ENDORSEMENTS OF ANY KIND FROM ANY INDIVIDUAL OR ORGANIZATION.

PHONE: 330-373-7411  
E REAGAN

卷之四

**PURCHASING AGENTS**

HARD WOOD PATENT SPECIFICATIONS

ALL PRODUCTS SHIPPED TO AND FROM DEEPHI FACED AS SUBCINIC SYSTEMS WORLD-WIDE MUST USE PACKAGING MATERIAL TREATED IN ACCORDANCE WITH THE INTERNATIONAL PLANT PROTECTION CONVENTION (IPPC). THE STANDARD IS ISPM #15 (INTERNATIONAL STANDARDS FOR PHYTOSANITARY MEASURES). STANDARDS CAN BE ACCESSED THROUGH WEBSITE WWW.IPCC.INT. EACH WOOD PALLET MUST BE STAMPED WITH THE HEAT-TREAT MARK AS DESIGNATED IN THE STANDARD.

07/05/05 3 0.00

100

一、  
 二、  
 三、

TERMS AND CONDITIONS SEPTEMBER 2004, APPLY  
OF WHICH SUPPLIER HAS RECEIVED A COPY.

COMM-FBI PAGE 6

425000

Date 7/14/05

SECRET

Name of Carrier

TO: Consignee <u>Delphi Packard</u>		FROM: Shipper <u>BEACON REEL COMPANY</u>	
Street <u>N. H. River Rd. PLT 49 Dork</u>		Street <u>19 Wells Road P.O. Box 787</u>	
Destination <u>Worcester MA</u>		Origin <u>New Britain, Connecticut 06053</u>	
App. Grade <u>444453</u>		Vehicle	




No. Shipping Units		Kind of Packaging, Description of Articles, Special Marks and Exceptions	Weight (subject to collection)	Rate	CHARGES
--------------------	--	--	--------------------------------	------	---------

27	800	Dim rails resampled	15/00
		0011 P1549472	

[illegible]

<b>REMIT</b> <b>C.O.D. TO:</b> <b>ADDRESS:</b>	<b>COD</b>	<b>Am: \$</b>	<b>C.O.D. FEE:</b> <b>PREPAID</b> <input type="checkbox"/> <b>COLLECT</b> <input type="checkbox"/> \$ <b>TOTAL</b>
--	------------	---------------	---

[illegible]

SHIPPER: BEACON REEL COMPANY  
 CARRIER:   
 PED:   
 DATE: 

**Grand Jury Materials**

SECRET

PAYMENT TERMS			2ND DAY OF 2ND MONTH
NET	QUANTITY ORDERED	ITEM IDENTIFICATION NUMBER	
00002	2	PRX9573K 0002	

DELPHI  
PACKARD ELECTRIC SYSTEMS  
PO BOX 431  
WARREN OH  
44456

VENDOR NUMBER 08-962-5620  
BELLON REEL CO  
19 BELLS RD  
PO BOX 787  
NEW MILFORD CT  
06775-0787

0003743 USER EVELYN L OLIVAR